

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14672

State File No.

566

BIRTH NO. <u>28142-55</u>		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Buchanan Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City</u>			
c. LENGTH OF STAY (in this place) <u>1 day</u>				d. STREET ADDRESS (If rural, give location) <u>R.R.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Methodist Hosp. (Missouri)</u>				0.380/			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Jeffery</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Clay</u>	
4. DATE OF DEATH		(Month) <u>6</u>		(Day) <u>6</u>		(Year) <u>1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>6.5.1955</u>		9. AGE (In years last birthday) <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W.E. Clay</u>		13b. MOTHER'S MAIDEN NAME <u>Doris E. Howitt</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.E. Clay . King City Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atelctasis</u> DUE TO (c) <u>Congenital heart disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7544</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Joseph Buck. Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>6-5-1955</u> to <u>6.6.1955</u> , that I last saw the deceased alive on <u>6-6-1955</u> , and that death occurred at <u>9:10 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W.E. Peterson MD</u>				23b. ADDRESS <u>St Joseph Mo</u>		23c. DATE SIGNED <u>6-8-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6.7.1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>King City</u>		24d. LOCATION (City, town, or county) (State) <u>King City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 8, 1955</u>		REGISTRAR'S SIGNATURE <u>Cathleen M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. G. Taggart</u>		ADDRESS <u>King City Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.